## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P99000036485

Entity Name: SOUTHSIDE DIVERSIFIED, INC.

US

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9665 BACHMAN ROAD ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

2746 EMERSON LANE KISSIMMEE, FL 34743

FEI Number: 59-3580211 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, HECTOR M
2746 EMERSON LANE
KISSIMMEE, FL 34743 US

CARASQUILLO, JANET
2746 EMERSON LANE
KISSIMMEE, FL 34743 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JANET CARASQUILLO 03/15/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 MORAD, ALEJANDRO J
 Name:
 CARASQUILLO, JANET

 Address:
 11020 PEMBROOK ROAD UNIT 178
 Address:
 2746 EMERSON LANE

City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: KISSIMMEE, FL 34743

Title: DST ( ) Delete Title: VP (X) Change ( ) Addition Name: MARTINEZ, HECTOR M Name: KARNATZ, WALTER

Address: 2746 EMERSON LANE Address: 1332 CITRUS ISLE

City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DVP (X) Delete Title: ( ) Change ( ) Addition Name: KARNATZ, WALTER W Name:

Address: 1332 CITRUS ISLE Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET CARASQUILLO PRES 03/15/2007